## IN PATIENT SUMMARY BILL

UHID : MMH/MH/IP202402027 : MH54236 Bill No

: 21/09/2024 : IP2024002076 Bill Date IP No

Patient name : Mrs.AMUTHA R : 18/9/2024 4:13PM DOA

: 61 Y 7 M 20 D/Female DOD Age

: Insurance Entity Type

: TATA AIG Entity Name

Consultant Name : Dr.ARUN RAMANAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	3,300.00
3	DUTY MEDICAL OFFICER CHARGE		₹	2,250.00
4	LABORATORY		₹	4,131.00
5	NURSING CHARGE		₹	2,400.00
6	OTHER ADDITION		₹	1,665.00
7	PHARMACY CHARGE		₹	4,746.00
8	PROFESSIONAL TEAM FEES		₹	4,400.00
		Gross Amount	₹	23,242.00
		Sanction Amount	₹	20,328.00
		Net Payable	₹	23,242.00
		Advance Amount	₹	3,000.00
		Received Amount	₹	0.00
		Refund Amount	₹	86.00

: Three Thousand Only **SUDHA Received Amount in Words** 

**Authorised Signature** 

## **Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/18/2024	   MMH/MH/RECH202403640	CASH	Advance Amount	3,000.00

Medical Claim	Claim No	Sanction Amount
TATA AIG	124608229	20,328.00